

MEDICAL WOMEN, YESTERDAY AND TO-DAY.*

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NEW YORK.

EARLY last year the general public seemed to have suddenly awakened to the fact that the woman doctor was receiving marked attention, and her work was enthusiastically commented upon by press and populace. The clubs, curious to know more in detail, requested information regarding the woman doctor's preparation and experiences.

The very busy life of a woman physician and the ethics of the profession have limited personal reports. After considering the subject and consulting with a number of the leading workers, it was decided that the times required that some concession be made to these requests.

This paper is the outgrowth of my efforts to reply. Your Chairman of Program has asked me to repeat it here.

Sorosis Chairman of Education asked me to tell them if I regretted that I had not a better foundation in medicine. In reply I said I have never for one moment regretted that I was a graduate of the New York Infirmary for Women and Children. Nor

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do I believe that any other College in the land could have buided for women a better foundation than was there laid for medical work.

It was in 1845 that a plan of studying medicine became a settled resolution with Elizabeth Blackwell. She was the real originator of the idea and movement in America. She was graduated in 1849 and was the first English-speaking woman in the world to take a medical degree.

Her sister, Emily Blackwell, was graduated in medicine three years later, in 1852, and they having realized the needs of a hospital where women and children could receive medical care from women, set about founding the Infirmary or Hospital.

The New York Infirmary for Women and Children was incorporated in 1853 as a center for the *practical* medical education of women. At first it took the form of a hospital and dispensary, and not a college, because there was then no hospital or dispensary open to women students in this country. Many students were from time to time admitted to the infirmary and dispensary for private instruction, and as their number increased it was deemed expedient to establish a woman's medical college in connection with the New York Infirmary and Dispensary.

Through the earnest and well-directed efforts of Doctors Elizabeth and Emily Blackwell, a charter was obtained from the State Legislature in 1868 for the establishment of the college, fifteen years after the infirmary and dispensary had been founded.

On Nov. 2, 1868, Dr. Elizabeth Blackwell, in her opening address, said at its close: "The college must be an honest and earnest attempt to give to women the very highest education that modern

science will afford." These ideals of Dr. Blackwell in the years that followed were never lost sight of as long as the college lived. It was resolved at the first to make the quality of the instruction and the requirements for graduation equal to the best schools for men in this country. Soon after this college was founded, Dr. Elizabeth Blackwell went to England to live and assisted in founding there the London School of Medicine and the hospital connected with it, developing a great work for medical women; many of its graduates have done most commendable work throughout Great Britain and most wonderful war relief work since 1914 in England, France, and Serbia.

Dr. Marie Zakrzewska obtained her degree in medicine some years after the New York Infirmary was founded and she was associated for a time with the Drs. Blackwell when she went to Boston, where she founded, in 1862, the second hospital in this country to be staffed by medical women—the New England Hospital for Women and Children in Boston.

These two great centers, Boston and London, were outgrowths of the New York Infirmary.

After Dr. Elizabeth and Dr. Zakrzewska went to their own fields of medical work, Dr. Emily Blackwell remained alone at the head of the medical work of the New York Infirmary and College for Women. The name of Dr. Emily Blackwell means much to those who have known her personally.

I can never forget the first time that I saw her. When I came to apply for entrance to the college, there came into the reception room a stately woman with white hair, clear complexion, pink cheeks—and, though reserved in manner, yet there was a something about her that made one feel at once that it

would be a privilege to be under her teaching and that one must really come up to the standards she set.

I was very fortunate in coming in close relation to her. I lived in the hospital my first student year, and for a year as interne after my graduation. I was her assistant for over twenty years, and also attending physician to the hospital and instructor in the college in her department, diseases of women, for over twenty years, performing minor and major operations.

While life was simple and an interne's duties varied and laborious, it was fully counterbalanced by the intimate cooperation between internes attending and consulting physicians and trustees.

It fell to an interne to do what is now considered her legitimate work, and also that which is now detailed to hospital druggist and operation-room nurse.

Before the days of isolating wards, equally with other maternity hospitals of the land we sometimes had cases that were then called "childbed fever," and once, with the proverbial Blackwell thoroughness, we decided to fumigate the whole hospital. Patients and workers were transferred to other quarters, windows and doors were sealed, and large quantities of sulphur ignited. Soon the fumes began to extend to the outer air.

It had not been thought sufficiently important to notify the trustees, but it chanced that this special time was selected by Robert Haydock, our beloved president of the hospital board, and Hannah, his wife, whose very presence was always a benediction, to make a friendly evening visit, coming as usual in their quaint Quaker garb. What was their horror in finding fumes of sulphur escaping and no re-

sponse to their persistent knocking! Greatly alarmed for the inmates, the neighbors were aroused and the fire company called out.

After it was all over, Dr. Blackwell, who always saw the amusing side, naively suggested that "the next time perhaps it would be well to leave the janitor in the building," but a compromise was made by having him act as watchman on the outside.

No one could fill the place Dr. Blackwell occupied in one's heart. Truly, she was a woman whom it was a privilege to have known and loved. In all the years that I was so closely associated with her, I never knew her to be ill but once. She was out of town at her country place in Orange. I was notified that she was having a very acute gastrointestinal attack, with alarming symptoms. I went at once, and fearing I might need assistance, left word for a younger worker (Dr. Kilham) to follow.

I found Dr. Blackwell alone in her house, unconscious—no pulse at her wrist, heart sounds very weak, with cold extremities and clammy skin. I was busy using restoratives, when the maid returned—she had been at the neighbors reporting Dr. Blackwell's great improvement, because the doctor was so quiet. Dr. Kilham soon arrived and we worked unceasingly during the entire night before we could feel that there was an encouraging response to treatment, and it was well into the morning before she was able to recognize us.

The time was August, the weather specially hot and depressing—she longed for sea air, and as soon as I could do so safely I took her to Nantasket Beach, where we spent our time idling about in most delightful air.

I never shall forget the night on the Sound boat,

we could not sleep and sat up in the moonlight and talked, or rather she did, one needs must feel that it was best to listen when she talked—that night is among one of my most precious remembrances.

Dr. Emily Blackwell was a great teacher, and no one could come under her wonderful influence without feeling that a great privilege had been her's. A broad-minded woman, guided by high ideals and lofty purposes, her personality made a strong impress upon the life and work of her students—their lives were fuller from having known her.

The college closed, but it did not die, it never can in the minds of its *alumnæ*. Its growth was so strong it blossomed and bore fruit, with good seed that has been scattered so far about there must ever be the individual or the group that see the vision, and be ever ready to give themselves to the great service.

This woman's college was the first college to require a three years' course of eight months each year, and among the first to increase the three years to four years.

It was among the first to establish entrance examinations, ten years before such examinations were made compulsory by the State.

When the New York Infirmary issued its first prospectus no college in the United States required so thorough a course or such severe examinations.

The first chair of hygiene was established here, and Dr. Blackwell said "The prevention of disease is quite as important as the cure." She also established the first chair of pathology in this country.

A special board of examiners was selected from among the faculties of the several men's medical schools of the city. When one realizes that this board which examined the candidates, passed by the

faculty, and which could refuse them their diplomas, were composed of the leading men in the profession—such men as Stephen Smith, Fordyce Barker, Austin Flint, Alfred Loomis, Gaillard Thomas, William Polk, and Robert F. Weir—the ability of the graduates is unquestioned.

The record of the college was one of steady progress. The well-equipped laboratories allowed the desired extension of the scientific courses, under a corps of thoroughly trained enthusiastic instructors from among our own graduates.

The most distinctive feature of the four years' course was the clinical instruction—it was the keystone of the entire curriculum, toward which everything else was made to converge. The clinical opportunities of a New York medical school for individual instruction in the study of diseases are unequalled by any in the land.

Each senior assisted at twelve maternity cases, under direction of the physician in charge, and made written reports of these cases. This was at the time when men's colleges made no arrangements for their students to see even one maternity case before graduation.

Dr. Blackwell insisted that the student be taught to study the patient as well as the disease, since no two persons having the same disease would show the same symptoms; in each the symptoms would be modified by individual idiosyncrasies.

In our own dispensary at this time—1880—about 8,000 new patients were treated annually; they made from one to many visits—in all there were 40,000 to 50,000 calls yearly.

Not only our own clinics, but the numerous positions held by the faculty of this school in other institutions, were utilized for the benefit of our

students. Dr. Blackwell selected the members of her faculty wisely and well, from the several best male colleges of the city. I give a few names typical of the rest, and indicative of the valuable teaching powers of the school—the two Jacobis—Abraham and Mary Putnam, known and honored on two continents—Abbe, Fox, Dana, Adler, Stimson, Bulkley, Judson, Wily Meyer, Tuttle, Cragin, Chapin, the two Lamberts, Samuel and Alexander. All of these need no introduction or commendation from me.

The alumnae may well be proud of the fact that their Alma Mater kept up with the times, won the cordial respect of the medical profession and received warm and repeated testimony from the State Board Examiners as to the thorough preparation of the students. It was these superior clinical advantages which brought many students to our senior classes, who had taken their earlier instruction in colleges with less clinical opportunities.

The New York Infirmary College, with its high standards for education, its eminent teachers, could give its student body vastly greater individual opportunities and advantages than could be obtained in a large coeducational institution with many hundred students. Dr. Blackwell believed if women were to study medicine, and expected to be recognized by men physicians, they must be prepared not only as well as men, but even better. However, it had always been Dr. Blackwell's idea that when the best colleges for men opened their doors to women, it was better for women medical students to study at a coeducational medical college, that the world at large would know that they were equally prepared with men.

Cornell Medical College in 1899 received an en-

dowment of \$1,500,000, with the proviso that women should be admitted on equal terms with men. The infirmary college was closed, its building transformed into a hospital annex, and its pupils transferred to Cornell. To the general public the broader field seemed a great step in advance for the woman medical student. To the medical woman who knew the wonderful individual teaching and the great amount of practical work to supplement the college lectures, it seemed a tragedy.

I am glad to have been graduated earlier. I had four college years. The first one I lived in the hospital, acting as assistant in the wards, also attended the college lectures, made daily visits in the wards as assistant, recorded patients and their symptoms, carried out directions given for their comfort and treatment. The various wards were, maternity, general medical, general surgery, diseases of children, and diseases of women. Many minor and major operations were performed in which I could assist and do all the dressings necessary during convalescence. I had entire charge of the delivery and made records of 54 maternity cases during my college course, and in addition was present at the delivery of more than double that number, while serving as interne.

Every other morning I worked in the dispensary drug room, making pills and powders and mixtures, even our own tinctures and ointments and suppositories, and filled out the prescriptions given by the dispensary physicians, these prescriptions averaging 100 to 200 daily. The work in the drug room has changed greatly since those days when simpler medicines were used. In place of compressed tablets, bought by the thousand from the wholesale druggist, we had to weigh out and put up bulky

packages of "simple bitters," composed of boneset leaves, chamomile flowers, columbo roots and quassia chips. These packages were much prized by our old ladies, who joyfully added the quart of cold water, kept it in the ice box as directed, and cheerfully drank their cupful three times a day, confident that it removed all ills. Loath to part with their beloved remedy until all its virtues were exhausted, they renewed the quart of cold water until there was no longer a bitter taste to the infusion.

When my year of internship was over I was appointed to the out-practice for one year, and visited over 1,500 patients in their homes. Our professors were always ready to help with advice or assistance when needed. I went from sub-cellars to attics, sometimes up seven flights of stairs. I never thought of the stairs, but what they were taking me to, and what I could do when I got there.

Early in the out-practice I realized the great value of the practical work we had had in combination with our college lectures, and how well they had helped to prepare for the emergencies that would arise in active practice.

One of the first calls I received has been ever memorable. I had gone to the dispensary for the addresses for that day's calls. Suddenly a 15-year-old boy rushed in with, "I want a doctor quick—me brother's choking to death—he'll die if you don't hurry." This to me as I'd been pointed out to him as the one he wanted. As he explained, I knew what I was up against, and suddenly in a panic, turning to our anatomy professor, Dr. Wattles Founce, who stood near, with, "Oh, do go! I'll surely cut the carotid artery." She exclaimed indignantly, "If you do, it will be murder, and you will be hung,

and you'll deserve it. You know what to do. Get your knife and strip of adhesive plaster, and wind it while you run, don't let him die while you linger in going." She was born in Kansas, but was an ideal New England Priscilla. I knew better than to urge, and did not care to—my panic was gone. The boy ran, I after him, winding the knife. We ran from Eighth Street up Second Avenue to Eleventh Street, east on Eleventh Street three long blocks. If for a moment I lagged he'd call back over his shoulder, "Me brother is a-choking, you know," and on again I'd go. I was at his elbow as we arrived at the house. The door entered directly level with the sidewalk, and the room door was right by the entrance. As the boy threw both open, I saw at once a man on a straw pallet on the floor, sitting up in the corner pressing both arms as high as he could firmly against the wall on each side, to get all air possible into his lungs. His face was black, eyes bulging, and expression agonized. I had not stopped running, and was immediately on my knees at his side, depressed the tongue, saw a great black mass—which was both tonsils greatly distended—filling the passage and obstructing the entrance of air. Passing in the knife, I introduced the point into the black wall and drew it well down on one side. There was an immediate evacuation of contents, with some blood, and he fell forward on his bed, and for an instant I saw that rope dangling for me, was sure the artery was cut—but only an instant, for my finger was on his pulse and I recognized that the beat was regular and forceful, that his black face was becoming red, as air rushed into his lungs, and his agonized expression was gone—in a few moments he could sit back in the corner while I lanced the

other tonsil. The quick change in his appearance was wonderful, and I was glad to have helped to make it so.

During one of these years I received a hurry call from a clinical patient. She feared her child was dying. I found an 18 months old boy gasping for breath with diphtheritic croup. He was lying in bed with his mother, who had been confined a few hours before. The new baby was on the other side of the bed. The locality was in one of the most crowded tenement sections of the city. The door of the living room opened directly upon the street and was even with the sidewalk. Both inside and out it was one of the most unhygienic places I had ever been in—truly not one to select for an operation, but there was no choice, the child could not live more than a few moments if not relieved. Quick tracheotomy made breathing easy. I was giving instructions to physicians, post-graduate students, at this time, at the Morgue upon the operations of children, and the technique of this one was very familiar to me.

On my arrival, and on seeing the existing conditions, I had sent at once for two of the senior students, whom I knew I could rely upon. It was a wonderful opportunity to demonstrate what perfect care could do. These students arrived quickly and were installed. To their untiring vigilance, skillful manipulations, tact, and gentleness in managing the little patient was due its rapid and complete convalescence.

This two-roomed tenement was a comparatively quiet home by day, a well-filled lodging house by night. The lodgers began to arrive by late evening, the door opened noiselessly, by ones or twos they glided in like specters, silently arranged themselves

on the floor, seemed to be trying to efface themselves, and the students let them feel that they did. At early dawn they began to glide out as they had come, and soon only the mother and two children were left.

When I arrived early the next morning with two other students to relieve them I found quite normal respiration, and the bright appearance and evident well-being of the patient, made certain his recovery, and their work had made this possible. One Dr. Kilham, after many years of hospital experience here, went "over sea," and for three years has been "somewhere in France," making herself necessary to the people in the devastated sections. The other is my sister, Dr. Julia G. McNutt—most of you know her so well, do I need to add more? While my calls were for medical or surgical attendance, I sometimes encountered on my way to them those that demanded immediate "social service." There was an especially large old dilapidated tenement, recorded as "housing 1,000 souls," that furnished me a large experience, by reason of its very bad sewage and its poor ventilation. It had many inner dark rooms that were only provided by windows and doors opening upon the halls. These halls were lighted by the outer door below, and the closed skylight seven stories above. Sometimes these dark rooms furnished homes for whole families, dependent upon light from kerosene lamps.

Once I was called to a patient on the top floor of this building and I was part way up these stairs, when I saw through an open door a man and woman unconscious on the floor—intoxicated. Strange to say, everything about the room and the individuals was neat, comfortable, and home-like—it seemed a sudden giving up of hope, and an effort to gain

oblivion. On the table in the center of the room was a large kerosene lamp burning. The woman had caught the tablecloth as she fell, it was partly wound about her, and was stretched taut. The lamp had been drawn to the very edge of the table. The slightest movement of her body would have instantly tipped it over upon her head and shoulders.

I quickly stepped around and over her, turned out the light, set it back on the mantel out of danger, and continued my way up to the top floor, to my patient, comforted by the thought that I had just prevented a great panic. How many, think you, of those 1,000 souls would have lost their lives in their frantic race down those rickety stairs, struggling with fire and smoke and fear.

When I first entered the medical college I heard a student who had been considering the amount of work that the college required from its students, anxiously ask Dr. Blackwell, "When we have done all this, will patients trust us, and come to us for treatment?" Dr. Blackwell replied, "There are a great many women and children needing good medical and surgical care—if you prepare yourself so well that no one else could do better work, you will soon have so much to do that you will not have time to wonder if some one else does not approve of women physicians." Dr. Blackwell's students found by experience she was right.

For six years I assisted the professor in children's diseases, at the end of that time was asked to take a position on the faculty of the Post-Graduate College, to give clinical lectures in diseases of children three times a week to men and women physicians. One year later, 1883, I founded there the Babies' Wards for Children under 2 years, the first place where such children could be admitted to a hospital

without their mothers. I gave bedside instruction and gave instruction in child surgery and autopsies twice a week in the Morgue to these doctors.

There came a time in 1888 when there was the need of withdrawing from some of my hospital and college work. Though greatly interested in my children's work I could not give time to children in my office or see them at their homes—this work had to devolve entirely upon my assistants. My office work was wholly devoted to general and special diseases of women, and the Infirmary work was in that line of practice. Therefore, in 1888 I resigned from the Post-Graduate College and Babies' Ward.

Some of the members of my Auxiliary Board urged that we found a Babies' Hospital. It was thought that I would be able to take the medical care with my sister, Dr. Julia G. McNutt's help, since there would be no college duties that required so much of my time as the work at the Post-Graduate College and Babies' Ward had done.

A charter was obtained from the State Legislature in 1888 for the establishment of the Babies' Hospital of the City of New York, for children under 2 years. The charter members were: Mrs. Andrew H. Smith, Mrs. Thomas E. Satterthwaite, Mrs. J. Lenox Banks, Dr. Julia G. McNutt, Dr. Sarah J. McNutt. The consulting medical board was selected from among the most eminent specialists of the city. They gave hearty co-operation and support to our work. They were: Dr. Andrew H. Smith, president of the Academy of Medicine, professor of General Medicine at the Post-Graduate College and Hospital; Dr. Thomas E. Satterthwaite, Professor of Heart Diseases, Post-Graduate Hospital and College; Dr. Edward B. Bronson, Professor of Diseases of the Skin, New York Infirmary;

Dr. Francis Kinnicutt, Professor of Diseases of Children, Columbia University.

The Babies' Hospital of the City of New York obtained a temporary home, and was opened at 161 East Thirty-sixth Street, June 16, 1888, with 24 beds for patients. At the end of the first six months I made a report of the work, which was read before the Alumnae Association of the New York Infirmary, February 18, 1889, and was published in the MEDICAL RECORD, March 2, 1889, under the title "The Babies' Hospital—A Summer's Work."

This medical work, however, grew so rapidly, and encroached so much upon our private work, that we felt obliged to withdraw from the Babies' Hospital a year after assisting in founding it. The hospital found a permanent home at Fifty-fifth Street and Lexington Avenue, where it now remains.

Medical Women of To-day.—A definite place in the field of medicine has been won by women. Over 40 coeducational medical colleges in the United States admit women on the same terms as men—Columbia University in 1916, and Harvard, 1917, and Yale has announced that she will admit women this fall, 1918.

The opportunities for women in medicine were never so numerous or so remunerative as at the present time, both here and abroad. No occupation open to women is so signally attractive from every point of view. It offers practically an unlimited field for usefulness and financial success. The influence of the woman physician increases, rather than diminishes, as she grows older, an advantage peculiar to medical practice. The demand for women physicians exceeds the supply. Of what other profession or occupation open to women can that be said? The woman physician is sought, not only as a private

practitioner, but also as a salaried officer in institutions, medical and otherwise, as an expert in sanitation, care of the feeble-minded, and treatment of the insane.

New needs for the women physicians are springing up every day, and not enough women are entering the profession to profit by the constantly increasing opportunities.

War Relief.—Of the more than 6,000 women physicians in the United States, over 2,200 have registered to be ready "at call" for war relief—over 30 per cent. of all the medical women graduates of the United States.

A goodly number have already braved the submarine peril and landed "somewhere in France," giving up home and practice, willing to face hardship and peril, without the help of military glory, to bring comfort and succor to the stricken people of that devastated land.

Truly they are worthy followers of our great pioneer and teacher, Dr. Emily Blackwell.

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